

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

P.O. BOX 616, HONOLULU, HAWAII 966 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWA!! STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST	\ \frac{1}{2}		
NAME(Last)	(First)	(Middle)	TELEPHONE
SANTIAGO	ALEXANDER	С.	(808)383-9032
MAILING ADDRESS (Street)			FAX
P.O. BOX 327			
(City)	(State)	(Zip	Code)
WAIANAE	HI	96	792
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE	
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LO	TELEPHONE			
ADULT FOSTER HO	(808)677-0883			
MAILING ADDRESS (Street)	FAX			
P.O. BOX 970092	(808)677-0883			
(City)	(State)	(Zip Code)		
WAIPAHU	HI	96797		
NAME OF PERSON RESPONSIBLE FO	R PREPARING ORGANIZATION'S EXPENDITURES STATEM	ENT TELEPHONE		
JOSEPHINE DOMIN	(808)689-7145			
MAILING ADDRESS (Street)		FAX		
P.O. BOX 970092	2			
(City)	(State)	(Zip Code)		
WAIPAHU	HI	96797		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	√Education	√Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
√Consumer Protection & Commerce	Hawaiian Affairs	√Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	√Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

PART IV	CERTIFICATION OF LOBBYIST	
I here	by certify that the information furnished above	ve is, to the best of my knowledge, correct and complete.
a	my C Parties	1-22-07
	(Signature of Lebbyist)	(Date)
PART V	AUTHORIZATION TO LOBBY	
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
	RUTH EV AGBAYANI	PRESIDENT

NAME OF ORGANIZATION (if applicable)

ADULT FOSTER HOME ASSOCIATION OF HAWAII

MAILING ADDRESS (Street)

P.O. BOX 970092

(State)

(City)

(State)

(Zip Code)

96797

I hereby duthorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) (Date)

2007